## **INACTIVE TO ACTIVE STATUS FORM**

In order to practice in California, the law requires that you have a current valid license issued by the Board. If you have an *inactive* license and you want to return it to *active* status there are two options available:

- (1) if you have not practiced during the time that your license was inactive you are required to complete 12 hours (4 of the 12 hours must be in adjustive technique) of Board-approved continuing education (CE) for every year your license was inactive, and proof of your current Cardio Pulmonary Resuscitation/Basic Life Support (CPR/BLS) certification. NOTE: CPR/BLS is an additional training requirement that does not qualify for CE credit; or
- (2) if you were practicing in another state during the period that your California license was inactive, provide proof of licensure and CE from that state for <u>each 12-month period the license was inactive in California</u>, and a current CPR/BLS certificate.

If you have questions regarding this form, contact the Board's office at (916) 263-5355 or visit our website at http://www.chiro.ca.gov.

## Submit the following items to the Board at the address shown below:

- Copy(ies) of CE certificate(s)
- Current CPR/BLS certification
- Verification of your active license from the other state, if applicable
- Check or money order for \$25.00.

State of California
Board of Chiropractic Examiners
2525 Natomas Park Drive, Suite 260
Sacramento, California 95833-2931

~Failure to provide all requested documents or information on this form will result in a delay of your license~

DC #:

## **Print or Type Clearly:**

Namo:

| INAME.   | DC #.     |
|--|-----------|
| Current Practice Address:  |           |
|  |           |
| License Expiration Date:   |           |
| Answer the following questions.  |           |
| 1. Law Violations: During the last 5 years, have you been convicted of, or pled nolo contendere to, any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction? |           |
| Yes No   |           |
| 2. Disciplinary Action: Have you had any disciplinary action taken against you by any other state or regulatory  |           |
| agency? Yes No   |           |
| If you answered "Yes" to either of the above questions, attach a DETAILED explanation to this form.  |           |
| I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct.   |           |
| Signature:   | Date:     |
| Original Signature Required  | Est. 8/06 |